PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information PHA Name: BROWNWOOD HOUSE PHA Type: Small High PHA Fiscal Year Beginning: (MM/YYYY):	Performing		PH HCV (Section 8)	A Code:T>	(021
2.0	Inventory (based on ACC units at time of F Number of PH units:236	Y beginning i		CV units:501		
3.0	Submission Type 5-Year and Annual Plan	Annual I	Plan Only	5-Year Plan Only		
4.0	PHA Consortia P	HA Consortia	a: (Check box if submitting a joi	nt Plan and complete table be	low.)	
,	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Uni Program PH	ts in Each
	PHA 1: PHA 2:					
	PHA 3:	 				
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	ly at 5-Year	Plan update.		·····	
5.1	Mission. State the PHA's Mission for servi jurisdiction for the next five years: Mission. The mission of the Housin Housing and Urban Development: suitable living environment free	ng Authorit To promo from discr	y of the City of Brownwo ote adequate and afford rimination.	ood is the same as that on the control of the contr	of the Depar c opportun	tment of ity and a
5.2	Goals and Objectives. Identify the PHA's low-income, and extremely low-income fam and objectives described in the previous 5-Y Goals and Objectives Improve public housing management: (PH. Increase customer satisfaction Concentrate on efforts to improve manager Renovate or modernize public housing unit increase assisted housing choices Provide voucher mobility counseling Provide counseling to all new voucher hold Conduct outreach efforts to potential vouch Improve community quality of life and eco Provide an improved living environment Implement public housing security improve Designate developments or buildings for part of the promote self-sufficiency and asset developments estimated the number and percentage of emplicates the number of assisted families with estimate Equal Opportunity in Housing for a Ensure equal opportunity and affirmatively Undertake affirmative measures to ensure a disability: Undertake affirmative measures to provide national origin, sex, familial status, and dis Undertake affirmative measures to ensure a	illies for the new Year Plan. AS score). A ment function is as funding let seem as funding let seem and let	ext five years. Include a report ttain at least a score of 94. specomes available s lighting ent groups (elderly, persons with ies and individuals ted households in assisted families: by 10%. ousing Objectives: ted housing regardless of race, of ing environment for families live	on the progress the PHA has h disabilities) color, religion national origin ing in assisted housing, regar	made in meetin	g the goals status, and color, religion

	PHA Plan Update
6.0	 (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. (1) Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures are available at the Office during normal office hours. The ACOP will be reviewed and updated where needed in the next year. (2) All Financial Resource Information is available at the Office during normal office hours. (3) Rent Determination, is made according to Federal Regulations and written policies available at the Office during normal office hours. (4) Operation and Management policies are available at the Office during normal office hours. (5) A copy of the Grievance Procedures is available at the Office during normal office hours. (6) Designated Housing for Elderly and Disabled Families; Park Homes, TX021-001, 44 Units; Sunset Terrace, TX021-006, 20 Units; Commerce Manor, TX021-007, 18 Units. (7) Community Service The H/A keeps strong ties with community service organizations and provides a list of those providers and the services they provide, monthly to the residents. Residents with income changes are treated according to written policy. (8) The PHA's major crime prevention is done through strict Lease Enforcement. (9) Pets are handled through our Pet Policy's, lease and strict enforcement. (10) Civil Rights The PHA will continue to review policy and procedures to assure they are following all Civil Rights laws, regulations and H/A policy. (11) Fiscal Year Audit is available at the Office during normal working hours. (12) Asset Management: This is covered by WHA written policy available at the Office during normal office hours. (13) Violence Against Women Act is covered by PHA written policy available at the Office during normal office hours.
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The Brownwood Chamber of Commerce states that the current occupancy rate in Brownwood is approximately 98%. The Brownwood Housing Authority currently has 242 applicants on the Section 8 waiting list and 80 applicants on the Public Housing waiting list
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. To provide Decent safe and sanitary housing and to adhere to our policy's, through strict lease enforcement and relocation of residents that are overhoused and underhoused.
	Additional Information. Describe the following, as well as any additional information HUD has requested.
	(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.
10.0	(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
	As stated above: the mission of this PHA is the same as that of the Department of Housing and Urban
	Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. To that end this PHA is reducing public housing vacancies, renovating and/or modernizing housing units as funding is available, improving customer satisfaction and good will by improving counseling and management/client interaction in all programs, and attracting supportive services to improve assisted recipients' employability and increase independence for the elderly or families with disabilities.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Civil R	ights	Certification
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

TX021

Civil Rights Certification

Annual Certification and Board Resolution #758

Brownwood Housing Authority

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

PHA Name		PHA Number/HA	Code
I hereby certify that all the information state	d herein, as well as any information pro	vided in the accompaniment her	ewith, is true and accurate. Warning: HUD will
prosecute false claims and statements. Conv	iction may result in criminal and/or civi	penalties. (18 U.S.C. 1001, 101	10, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Charles Lowe	Title	Board Chairman
		00/00/00	
Signature Muller	Jour	Date 02/22/201	1

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

-applicant Name	
Brownwood Housing Authority	
Program/Activity Receiving Federal Grant Funding	
Public and Indian Housing Capital Fund Program (CFP) TX21F	P02150111
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) rega	zed Official, I make the following certifications and agreements to rding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	(1) Abide by the terms of the statement; and(2) Notify the employer in writing of his or her convic-
a. Publishing a statement notifying employees that the un- lawful manufacture, distribution, dispensing, possession, or use	tion for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
of a controlled substance is prohibited in the Applicant's work- place and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction.
b. Establishing an on-going drug-free awareness program to inform employees	Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on
(1) The dangers of drug abuse in the workplace;	whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the
(2) The Applicant's policy of maintaining a drug-free workplace;	receipt of such notices. Notice shall include the identification number(s) of each affected grant;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect
(4) The penalties that may be imposed upon employees	to any employee who is so convicted
for drug abuse violations occurring in the workplace.	(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement	requirements of the Rehabilitation Act of 1973, as amended; or
required by paragraph a.;	(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program ap-
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	proved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
omployee will	g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate HUD funding of the program/activity shown above: Place of Perfo Identify each sheet with the Applicant name and address and the program.	pages) the site(s) for the performance of work done in connection with the rmance shall include the street address, city, county, State, and zip code. rogram/activity receiving grant funding.)
21-1 Park Homes 1500 Dublin,	Brownwood, TX 76801
21-2 Sunset Terrace 1500 Terrace Dr., 21-3 George Smith 1004 Cordell,	Brownwood, TX 76801 Brownwood, TX 76801
21-4 LaVillita 1613 Melwood,	Brownwood, TX 76801
21-5 Sunset Terrace 1500 Terrace Dr.,	Brownwood, TX 76801
21-6 Sunset Terrace 1500 Terrace Dr., 21-7 Commerce Manor 1522 Market Place Blvd.,	Brownwood, TX 76801 Brownwood, TX 76801
Check here if there are workplaces on file that are not identified on the atta	
I hereby certify that all the information stated herein, as well as any in Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	oformation provided in the accompaniment herewith, is true and accurate ay result in criminal and/or civil penalties.
Name of Authorized Official	Title
David Long Signature	Executive Director
	02/22/2011
X A PARILLE	form HUD-50070 (3/98)

Certification of Payments to Influence Federal Transactions

Previous edition is obsolete

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name		
Brownwood Housing Authority		
Program/Activity Receiving Federal Grant Funding Public and Indian Housing Capital Fund Program (CFP) TX21P0	02150111	
The undersigned certifies, to the best of his or her knowledge and	l belief, the	at:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	certifica at all t under g subrecip This cer reliance into. Su or enter 31, U.S certifica	tion be included in the award documents for all subawards ters (including subcontracts, subgrants, and contracts rants, loans, and cooperative agreements) and that all bients shall certify and disclose accordingly. It if ication is a material representation of fact upon which was placed when this transaction was made or entered abmission of this certification is a prerequisite for making ing into this transaction imposed by Section 1352, Title 3. Code. Any person who fails to file the required attion shall be subject to a civil penalty of not less than and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any in Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) Name of Authorized Official David Long	Title	
Signature		Date (mm/dd/yyyy)
		02/22/2011

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

3. Report Type: 1. Type of Federal Action: 2. Status of Federal Action: a. initial filing a. bid/offer/application a. contract b b. material change b. grant b. initial award For Material Change Only: c. post-award c. cooperative agreement quarter_ year ____ d. loan date of last report _ e. loan guarantee f. loan insurance 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name 4. Name and Address of Reporting Entity: □ Subawardee and Address of Prime: **▼** Prime **Brownwood Housing Authority** Tier _____, if known: P.O. Box 1647 Brownwood, TX. 76804-1647 Congressional District, if known: District 17 Congressional District, if known: 7. Federal Program Name/Description: 6. Federal Department/Agency: Public and Indian housing Capital Fund Program Department of Housing and Urban Development CFDA Number, if applicable: ___ 9. Award Amount, if known: 8. Federal Action Number, if known: 10. a. Name and Address of Lobbying Registrant b. Individuals Performing Services (including address if different from No. 10a) (if individual, last name, first name, MI): (last name, first name, MI): N/A Information requested through this form is authorized by title 31 U.S.C. section
 1352. This disclosure of lobbying activities is a material representation of fact Signature: Print Name: David Long upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This Title: Executive Director information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. 02/22/2011 Telephone No.: _325-646-0790 Date: Authorized for Local Reproduction Federal Use Only: Standard Form LLL (Rev. 7-97)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ummarv						
PHA Nam Authority	PHA Name: Brownwood Housing Authority	Grant Type and Number Capital Fund Program Grant No: TX21P021 Replacement Housing Factor Grant No: Date of CFFP:	150111			FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant Original A	nnual Statement [Reserve for Disasters/Emergencies for Period Ending:		Revised Annual Statement (revision no: Final Performance and Evaluation Report	vision no: tion Report		
Line	Summary by Development Account	Account	Total	Total Estimated Cost		Total Actual Cost i	
			Original	Revised ²	Obligated	Expended	
_	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	seed 20% of line 21) ³	64,700				
3	1408 Management Improvements	ents	1,000				
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)	15,900				
5	1411 Audit		1,800				
9	1415 Liquidated Damages		0				
7	1430 Fees and Costs		1,000				
~	1440 Site Acquisition		0				
6	1450 Site Improvement		20,500				
10	1460 Dwelling Structures		205,535				
Ξ	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable	6,235				
12	1470 Non-dwelling Structures	S	1,965				
13	1475 Non-dwelling Equipment	nt	5,300				
14	1485 Demolition		0				
15	1492 Moving to Work Demonstration	nstration	0				
91	1495.1 Relocation Costs		0				
17	1499 Development Activities 4	4	0				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: S	Part I: Summary						
PHA Name: Brownwood Housing Authority	oe: Octant Type and Number Oduthority Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant App	FFY of Grant:2011 FFY of Grant Approval:		
Type of Grant	irant Decorte for Disectore/Franconsiss	انامد		Revised Annual	Rovised Annual Statement (resision no.		
<u></u>	Original Annual Statement	531		Numer nastant []	ial Statement (revision no.	,	
Perf	Performance and Evaluation Report for Period Ending:			☐ Final Perforn	Final Performance and Evaluation Report		
Line	Summary by Development Account		Total Estimated Cost	d Cost		Total Actual Cost	l
		Original	_	Revised 2	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	0					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0					
16	1502 Contingency (may not exceed 8% of line 20)	0					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	323935					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities					1,000	
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signatu	Signature of Executive Director David T. Long	Date	Signature	Signature of Public Housing Director	ector	Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

n in S						i			
PHA Name: Brownwood Housing Authority	Housing Authority	Grant Tvi	Grant Type and Number			Federal 1	Federal FFY of Grant: 2011	111	
I II A INGINE. DIOWII WOOD	TOGOTHE CARTESTAN	Capital Fur CFFP (Yes	Capital Fund Program Grant No: TX21P02150111 CFFP (Yes/ No): No	: TX21P021501	=======================================				
		Replaceme	Replacement Housing Factor Grant No:	ant No:					
Development Number	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
Activities	0				l caiscino	Desiron	Enndo	Funde	
				:	Original	Kevised	runds Obligated ²	Expended ²	
TX021	Operations		1406		64,700				
TX021	Administration: REAC Inspections, PHA Plan, Utilities, Policies	ons, PHA	1410		15,900				
TX021	Audit		1411		1,800				
TX021	Architect		1430		1,000				
TX021	Repair Walks, Parking, Landscaping, Fencing, Utilities, Drainage	ing,	1450		20,500				
TX021	REAC Inspection repairs, Finish Rehab	Rehab	1460		29,300				
TX021	Demo for repairs, Insulate, plumbing, electrical, HVAC, roof, windows, storage, loundary water heater creen doors		1460		175,235				
TX021	Add work as necessary for units		1460		1,000				
TX021	Ranges, Refrigerators, Water heaters	aters	1465.1	-	6,235				
TX021	2 Computers,		1475		8,265				

 $^{^1\,{\}rm To}$ be completed for the Performance and Evaluation Report or a Revised Annual Statement. $^2\,{\rm To}$ be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

		Status of Work												
		ost	Funds Expended ²							1000				
	Federal FFY of Grant:	Total Actual Cost	Funds Obligated ²											
	Federal F	ted Cost	Revised 1											
		Total Estimated Cost	Original											
	ant No:	Quantity												
	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	Development Account No.												
	Grant Ty Capital Fu CFFP (Ye Replacem	General Description of Major Work Categories												
Part II. Sunnorting Pages	PHA Name:	Development Number Name/PHA-Wide Activities												

 $^{^1\,{\}rm To}$ be completed for the Performance and Evaluation Report or a Revised Annual Statement. $^2\,{\rm To}$ be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

tal Fund Financing Program	ty Federal FFY of Grant: 2011	All Fund Obligated All Funds Expended Reasons for Revised Target Dates (Quarter Ending Date)	al Actual Obligation Original Expenditure Actual Expenditure End n End Date End Date Date	06/31/15								
nancing Program		bbligated ding Date)		1/18/90								
dule for Capital Fund F	sing Authority	All Fund C (Quarter En	Original Obligation End Date	06/31/13								
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Brownwood Housing Authority	Development Number Name/PHA-Wide Activities		TX021								

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

	Federal FFY of Grant: 2011	Reasons for Revised Target Dates ¹										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date									
Financing Program		All Fund (Quarter E	Original Expenditure End Date									
		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date		We have a second							
dule for Capital Fund	using Authority	All Fund (Quarter E	Original Obligation End Date									
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Brownwood Housing Authority	Development Number Name/PHA-Wide Activities										

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Par	Part I: Summary				- 17	
PHA	PHA Name/Number Brownwood H/A TX021	H/A TX021	Locality (Brownwe	Locality (Brownwood, Brown, Texas)		Revision No:
	Development Number and	Work Statement for Year 1	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
<u>;</u>		FFY				
B.	Physical Improvements	Madelas Statestocki	61,016	76,270	95,338	114,405
	Subtotal			007.01	002.34	000 03
ن	Management Improvements		36,200	40,600	45,500	20,900
Ö.	PHA-Wide Non-dwelling		8,500	6,600	32,400	12,000
	Structures and Equipment					
ш	Administration		13,500	15,600	9,300	12,400
'n.	Other		219,684	251,230	256,062	305,195
ن	Operations		23,900	16,000	16,500	14,800
H	Demolition		0	0	0	0
ij	Development		0	0	0	0
٠.	Capital Fund Financing -		0	0	0	0
	Debt Service					
자	Total CFP Funds		362,800	406,300	455,100	509,700
ij	Total Non-CFP Funds					
Ξ	Grand Total					

	Revision No:	Work Statement for Year 5 FFY							
		Work Statement for Year 4 FFY							
	Locality (Brownwood, Brown, Texas)	Work Statement for Year 3 FFY FFY							
ation)		Work Statement for Year 1 FFY	Statement						
Part I: Summary (Continuation)	PHA Name/Number	Development Number and Name							
Par	PHA	Ą							

U.S. Department of Housing and U Development Office of Public and Indian Housing Expires 4/30/20011

Capi Fund Program—Five-Year Action Plan

Work Statement for Year 2 Work Year 2 Work Year 2 Work Categories	imated Cost TX021 Developring Number/Nam General Description Major Work Catego TX021 Insulate, respectively and process of electrons and the covering, roof, electrons and the covering and the covering and the covering. Policity and the covering	Part II: Sug	Part II: Supporting Pages - Physical Needs Work Statement(s)	al Needs Work State	ment(s)			
Development	Development	Work	Work Sta	tement for Year 2		Work St	atement for Year:	رم ا
Powelopment	Development Quantity Estimated Cost	tatement for		1				
Major Work Categories	Major Work Categories	Year 1 FFY _2011_	Development Number/Name	Quantity	Estimated Cost	TX021 Development Number/Name	Quantity	Estimated Cost
17021 Insulate, replace 126,900 17021 Insulate, replace 126,900 17021 Insulate, replace 126,900 17021 Insulate, replace 14, windows, storage, at windows, storage, at windows, storage, and windows, storage, stora	e, replace sheetrock, al, windows, storage, dry, HVAC, water s. New Screen doors. Operations mistration- REAC ions, Plan, Utilities, bolicies angineer/Architect crowck, walks, fence, scaping, parking, drainage drainage eminment eminment welling ment ing & maintenance ment ing Remaintenance ment ing Remaint		General Description of Major Work Categories			General Description of Major Work Categories		
September Spectrock, a covering, roof, a fleetrock, floor covering, roof, a fleetrock, and windows, storage, a fleetrock, and covering, roof, avater cover, avater cover, cover, and covered covering, roof, avater cover, and covered covering, roof, available, covered covering, roof, available, covered covering, roof, available, covered covering, roof, available, covered	e, replace sheetrock, or covering, roof, al, windows, storage, dry, HVAC, water dry, HVAC, water i. New Screen doors. Operations Operations Operations Operations In one description Storaging parking, drainage or work, walks, fence, scaping, parking, drainage or work walking or work walking or work on on dwelling welling welling welling welling welling welling welling welling res Ino,900 welling Ino,900 welling welling welling Ino,900 welling welling welling Ino,900 welling welling Ino,900 Inom Ino		Brownwood H/A		226,900	TX021 Insulate, replace		254,050
All vindows, storage, Covering, Cove	al, windows, storage, anistration- REAC ons, Plan, Utilities, policies Digitice of Architect r work, walks, fence, scaping, parking, drainage r work, walks, fence, scaping, parking, drainage rrowinment refrigerators, water rrs, misc. dwelling reminment res 10,900 welling welling ment, lawn ig & maintenance nent, lawn ig & maintenance nent ress 10,900 welling ress 10,900		Insulate, replace sheetrock,			sheetrock, floor		
Java Screen doors. Java Screen doors.	dry, HVAC, water Operations Operations Instration-REAC Inspections Operations Operations In New Screen doors. 64,500 15,300 15,300 15,300 15,300 15,300 10,000 15,300 10,900 10,900 In Street in Stree		lloor covering, root,			windows, storage,		
Page 2016 Page 2017 Page	Operations Operations Operations Instration-REAC ions, Plan, Utilities, Dolicies Engineer/Architect I,000 Saping, parking, drainage drainage Arainage Araina		laundry, HVAC, water			laundry, HVAC, water		
15,300 TX021 Operations 15,300 TX021 Operations	Operations 64,500 nistration- REAC 15,300 ions, Plan, Utilities, policies 1,000 Engineer/Architect 1,000 r work, walks, fence, scaping, parking, drainage 9,500 r work walling enuinment 9,500 sto non-dwelling ners 6,300 welling 6,300 welling 10,900 welling 23,400 work on units Per nent 23,400 Inspections 1 Inspections		heaters. New Screen doors.			heaters, screen doors.		
15,300 TX021 Administration- REAC 15,300 REAC inspections, Plan, Utilities, Policy Plan,	ions, Plan, Utilities, policies In your walks, fence, scaping, parking, drainage reminment store mon-dwelling welling welling work on units Per work on units Per ions, Plan, Utilities, 1,000 1,000 10,900 10,900 10,900 23,400 The standard of the standard o) Secondary	TX021 Operations		64,500	TX021 Operations		40,600
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1,000 TX021Engineer/Architect 1,000 TX021Engineer/Architect 2,000 TX021 Exterior work, walks, fence, landscape, parking, drainage. 9,500 TX021 Ranges, drainage. 1, refrigerators, water seminanem 1,000 TX021 Ranges, water heaters, misc. dwelling equipment. 23,400 TX021 Repairs to non-dwelling welling structures 10,900 TX021 Repairs to non-dwelling equipment, mowing, maintenance, truck. 1, 1,000 TX021 REAC repair on maintenance, truck. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	r work, walks, fence, scaping, parking, drainage drainage eminment eminiment as to non-dwelling welling welling welling welling welling welling ment, lawn ig & maintenance nent as the work on units Per large welling large welling welling large the work on units Per large work on units Per large work or work on units Per large work or with the work or with the work or		policies			Utilities, Policy		
r work, walks, fence, scaping, parking, parking, parking, drainage. drainage drainage. y, refrigerators, water asy misc. dwelling conninument and ling and	scaping, parking, drainage drainage , refrigerators, water erminment erminment st to non-dwelling welling welling ment, lawn ing & maintenance nent are nent work on units Per linspections scaping 6,300 6,300 10,900 10,900 10,900 10,900		TX021Engineer/Architect		1,000	TX021Engineer/Architect		1,000
scaping, parking, drainage. graving. parking. drainage. graving. parking. refrigerators, water are misc. dwelling equipment. sto non-dwelling welling and welling and welling ment, lawn gravinenance ment and welling rections walk, fence, landscape, parking, drainage. Refrigerators, water heaters, misc. dwelling equipment TX021 Repairs to non- dwelling requipment, mowing, maintenance maintenance, truck. TX021 REAC repair on units as required TX021 REAC repair on units as required	scaping, parking, drainage drainage str. misc. dwelling st to non-dwelling ment, lawn ng & maintenance nent work on units Per Thorse to non-dwelling welling st maintenance nent Thispections 9,500 6,300 10,900 10,900 10,900 10,900		TX021		5,000	TX021 Exterior work,		6,500
Parking drainage Parking drainage Parking drainage	drainage 9,500 st. refrigerators, water eminment eminment st. to non-dwelling 6,300 st to non-dwelling 10,900 welling 10,900 nent, lawn ag & maintenance nent nent lawn ag & maintenance nent		landscaping, parking.			walk, fence, landscape,		
refrigerators, water 9,500 TX021 Ranges, Refrigerators, water reminment Refrigerators, water Refrigerators, water reminment 6,300 TX021 Repairs to non-dwelling res TX021 Repairs to non-dwelling structures welling TX021 Non-dwelling ment, lawn equipment, mowing, maintenance g & maintenance maintenance, truck. nent 23,400 TX021 REAC repair on units as required . work on units Per TX021 REAC repair on units as required	welling been interest and the state of the s		drainage			parking, dramage.		
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s to non-dwelling structures dwelling structures welling welling ment, lawn nent amitenance nent awn so work on units Per TX021 REAC repair on units Per TX021 REAC repair on units as required TX021 Repair on units as required	s to non-dwelling ures welling nent, lawn ng & maintenance nent . work on units Per . Inspections		eminment			equipment.		
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welling equipment, mowing, maintenance, truck. ag & maintenance maintenance, truck. nent maintenance, truck. 23,400 TX021 REAC repair on units Per units as required Inspections	nent, lawn ng & maintenance nent nent r work on units Per Inspections		TX021		10,900	TX021 Non-dwelling		31,600
ng & maintenance, truck. ng & maintenance and the state of the state	ng & maintenance nent r work on units Per Inspections		Non-dwelling			equipment, mowing,		
nent 23,400 TX021 REAC repair on work on units Per Inspections	nent r work on units Per Inspections		equipment, fawn			maintenance, truck.		
r work on units Per 23,400 TX021 REAC repair on units Per 1 Inspections	r work on units Per Inspections		equipment					
			TX021		23,400	TX021 REAC repair on		28,300
			Repair work on units Per			units as required		
			TELES HISPORTORIS					
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U.S. Department of Housing and U Development Office of Public and Indian Housing Expires 4/30/20011

Capi Fund Program—Five-Year Action Plan

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Part II: Sup	Part II: Supporting Pages - Physical Needs Work Statement(s)	Needs Work State	ement(s)			
Work	Work State	Work Statement for Year 3		Work St.	lπ	
Statement tor	FFY	2014			FFY 2015	
Year 1 FFY	Development	Quantity	Estimated Cost	Development	Quantity	Estimated Cost
	Name of Properties of			Constant Description of		
	Major Work Categories			Major Work Categories		
	TX021 Insulate, replace		213,300	TX021 Insulate, replace		246,800
	sheetrock, floor			sheetrock, floor		
	covering, roof, electrical,			covering, roof,		
	windows, storage,			electrical, windows,		
	laundry, HVAC, water			storage, laundry,		
	heaters, screen doors.			HVAC, water heaters, screen doors.		
) Kasasaa	TX021 Operations		90,000	TX021 Operations		100,000
//Skadehdehd	TX021 Administration-		45,000	TX021 Administration-		50,000
	REAC inspections, Plan,			REAC inspections, Plan,		
	Utilities, Policy			Utilities, Policy		
	TX021Engineer/Architect		1,000	TX021Engineer/Architect		1,000
	TX021 Exterior work,		23,800	TX021 Exterior work,		21,300
	walk, fence, landscape,			walk, fence, landscape,		
	parking, drainage.			parking, drainage.		
	TX021 Ranges,		18,900	TX021 Ranges,		22,500
	Refrigerators, water			Refrigerators, water		
	heaters, misc. dwelling			heaters, misc. dwelling		
	equipment.			eduipment.		
	TX021 Repairs to non- dwelling structures		12,300	TX021 Repairs to non- dwelling structures		9,800
	TX021 Non-dwelling		18,400	TX021 Non-dwelling		32,500
	equipment, mowing,			equipment, mowing,		
	maintenance, truck.			maintenance, truck.		
	TX021 REAC repair on		32,400	TX021 REAC repair on		25,800
	units as required			units as required		

U.S. Department of Housing and U Develo

Office of Public and Indian Housing

Expires 4/30/20011 Subtotal of Estimated Cost \$509,700 \$455,100 Subtotal of Estimated Cost Cap. Fund Program—Five-Year Action Plan

Part III: Su	Part III: Supporting Pages - Management Needs Work	x Statement(s)	The second secon	
Work	Work Statement for Year		Work Statement for Year:	
Statement for	FFY		FFY	
Year 1 FFY		Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major work Categories		General Description of Major Work Categories	
[[Statestatestat]]				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	8

Part III: Sup	Part III: Supporting Pages - Management Needs Work	Statement(s)		
Work	Work Statement for Year		Work Statement for Year:	
Statement for	FFY		FFY	
Year 1 FFY	Development Number/Name General Description of Maior Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
Notes September 1				
// State to be selected				
			_	
	Subtotal of Estimated Cost	↔	Subtotal of Estimated Cost	↔